

# MAILPIECE QUALITY CONTROL ORDER FORM



## CUSTOMER INFORMATION *(Please print)*

Attention Name

Firm/Customer Name

Complete Street Address, PO Box or Rural and RR Box

Apt/Suite #

City or Post Office

State

ZIP+4

Foreign Country Name *(When applicable)*

Area Code

Phone Number

## ORDERING INSTRUCTIONS

All items listed below except Final Exam are available on our Web site at <http://pe.usps.gov>.

	Quantity		Price		Purchase Amount
<b>1 Administrator's Package.</b> Includes Administrator's Guide TD-34A and postal publications resource kit.	<input type="text"/> <b>1</b>	X	\$75.00	=	\$ <input type="text"/> <b>A</b>
<b>2 Certification Package</b> (for one individual). Includes Student Guide TD-34B, final examination, and MQC certificate. Certification packages are priced at \$40 each when purchasing 10 or more packages.	<input type="text"/> <b>2</b>	X	\$ 75.00 = (qty less than 10)	=	\$ <input type="text"/> <b>B</b>
		X	\$ 40.00 = (qty 10 or more)	=	
<b>3 Final Examination</b> (for each individual certified). Includes final examination and MQC certificate for each participant.	<input type="text"/> <b>3</b>	X	\$ 25.00	=	\$ <input type="text"/> <b>C</b>

**To** Multiply the quantities in blocks 1, 2, and 3 by the prices shown and enter the purchase amounts. Add blocks A, B, and C to calculate the total. Then complete the billing information below.

\$  **Total**

## PAYMENT METHOD

Make check or money order payable to "United States Postal Service."

☐ Tax ID # 
☐ Purchase Order # 
☐ Check ☐ Money Order ☐ Visa ☐ MasterCard

☐ Discover ☐ American Express

☐ Express Mail Corporate Acct. # 
 Credit Card #

Card expiration date: \_\_\_\_ / \_\_\_\_

Authorized Personnel *(please print)*

Signature

The signature above accepts total responsibility governing the use of this card and agrees to comply with the terms of the issuer.

## Send check & order form to:

ACCOUNTS RECEIVABLE  
NATIONAL CUSTOMER SUPPORT CENTER  
UNITED STATES POSTAL SERVICE  
6060 PRIMACY PKWY STE 201  
MEMPHIS TN 38188-0001

## BILL TO:

Complete only if shipping address is different than mailing address.

Attention

Company

Address

City, State, ZIP+4

## For USPS Use Only

Control Number:

Check Number:

**NOTE:** You may copy this form to order additional training programs, or you may download it from our Web site at <http://pe.usps.gov>. Normally, orders will be filled within 10 – 15 days after mailing. Customers who need assistance may call 1-800-238-3150, Ext. 4692.